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APPLICANTS

Esther A.L. Verbovszky, Rocky River, OH;

**\*\* CONTINUING DATA \*\*\*\*\*** *RBW*  
 This application is a CIP of 10/360,496 02/06/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *RBW None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
**\*\* 12/20/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 8	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 8
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Verified and Acknowledged  
 Examiner's Signature *RBW* Initials

ADDRESS  
 TAROLLI, SUNDHEIM, COVELL & TUMMINO L.L.P.  
 SUITE 1111  
 526 SUPERIOR AVENUE  
 CLEVELAND , OH  
 44114-1400

TITLE  
 Child's car seat cushion

FILING FEE  RECEIVED 711	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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